

Check Certification Selection

CPSM-Product Safety

CHEP-Healthcare Emergency

CHSP-Healthcare Safety



Certified Hazard Control Board
2163 Pelham Parkway, Suite 217
P.O. Box 1662
Pelham, Alabama 35124
(205) 987 - 9836

Date Verified _____

Qualified By: _____

Experience | Exam | Education

Certification No. _____ | Date: _____

Level:

No.

Mr. Mrs. Ms. Dr.

(Before starting see included instruction sheet)

[illegible]

NOTE: Please attach sheet with previous job experience.

6.Relevant Education

List College Courses Most Closely Related To Your Certification Desire (Indicate number of semester hours per course)

1	8	15
2	9	16
3	10	17
4	11	18
5	12	19
6	13	20
7	14	21

7.List Other Schools or Training (such as trade, business, vocational, & armed forces, etc....) For each give the name/location/dates attended/subjects-class room hours, certificates issued or other relevant information.

8.Current Professional Certifications and Registrations:

Issuing Organization:	Address:	Type Of Certification or Registration:

9.Current Membership in Professional Organizations:

Issuing Organization:	Address:	Position Held:

10.Reference (List two persons who are not related to you who have knowledge of your qualifications:

Name/Title:	Organization Address:	Contact Phone #:

My signature below attests to the veracity of the information submitted, permits verification by the Board, and frees the Board of liability should my application be rejected on the basis of investigation of my qualifications.

Signature:_____ Date:_____

ENCLOSE FEE: The application fee stated in the brochure must accompany the completed application unless previously paid. Send to the address below. Add \$10.00 if you live outside of North America. **THE APPLICATION FEE IS NOT REFUNDABLE.**

**HAZARD CONTROL ♦ HEALTHCARE SAFETY♦
PATIENT SAFETY CERTIFICATION♦
HEALTHCARE EMERGENCY**

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INSTRUCTIONS

- ▶ Insert all required information in this form. Attachments may be included as supporting documents substitute for completing this form.
- ▶ Type or print legibly.
- ▶ If extra space is needed for qualification data, use a separate sheet of paper.
- ▶ Forward "Reference Evaluations" to persons you listed as references.
- ▶ Enclose or have forwarded the appropriate supporting documents required by your desired certification. This includes but may not be limited to the following:
 - Official job descriptions
 - Official college transcripts
 - Copies of training certificates
 - Copies of professional certifications or registrations

- ▶ Sign and mail to:
Certified Hazard Control Board
P.O. Box 1662
Pelham, Alabama 35124

Physical Location:
BCHCM
2163 Pelham Parkway, Suite 217
Pelham, Alabama 35124

Phone:
(205) 987 – 9836

Fax:
(205) 987 - 9916

CHSP/CHCM/CPSM/CHEP

Application Fee \$125.00
Exam Fee \$150.00

CPSO

Application Fee \$150.00
Exam Fee \$150.00

If Paying Application & Exam Fees By Credit Card (VISA/MASTERCARD) Please Fill Out Below

Fill out credit card info below and choose an option for payment:

1) Fax to 205-987-9916

2) Mail form to:

BCHCM
2163 Pelham Parkway, Suite 217
Pelham, Alabama 35124

Name On Card: _____ Amount: _____

Visa/MasterCard/American Express: (circle one): _____ Exp Date: _____

Billing Zip Code: _____ Security # on card (3-digit) _____

Signature: _____

NEW ONLINE AUTOMATIC PAYMENT OPTION: www.chcm-chsp.org